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CONFIRMATION NO. 1091

<b>SERIAL NUMBER</b> 10/560,096	<b>FILING OR 371(c) DATE</b> 12/09/2005 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 2005-1924A
<b>APPLICANTS</b> Shinya Maenosono, Kanagawa, JAPAN; Yasushi Suzuki, Tokyo, JAPAN; Hiroshi Akitomo, Tokyo, JAPAN; Hidetoshi Hamamoto, Tokushima, JAPAN; Masaki Ishibashi, Tokushima, JAPAN;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/JP04/08513 06/10/2004 <i>SS</i>				
<b>** FOREIGN APPLICATIONS *****</b> JAPAN 2003165250 06/10/2003 <i>SS</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 03/04/2006				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Sham</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 13
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> Wenderoth Lind & Ponack Suite 800 2033 K Street N W Washington, DC20006				
<b>TITLE</b> Pad base for transdermal administration and needle				
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	